

Public health and international health educational programmes for low- and middle-income countries: questioning their outcomes and impact

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**Public health and international
health educational programmes
for low- and middle-income countries:
questioning their outcomes and impact**

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23 January 2015

Propositions

1. Most graduate surveys educational Master's programmes in health and health care focus on satisfaction with the program, while valuable information on impact could be collected and used to enhance educational programs. *(Chapter 2)*
2. MPH programs and MIH programs contribute to the career of graduates. *(Chapters 3 and 6)*
3. When establishing quality assurance for transnational education networks due attention should be paid to the process, in order to ensure true collaboration. *(Chapter 4)*
4. Public health competencies for LMIC should receive more emphasis on social determinants and context- specificity than those developed for high income countries. *(Chapter 5)*
5. Impact variables on workplace and society can be used as a measure to evaluate the contribution of MPH programs to the impact the graduate has made. *(Chapter 5)*
6. Planning of public health professionals is lacking in most countries and seems to be only output/ production based.
7. Studying application of public health competencies requires a lot of resources; self-assessment by graduates provides a reasonable alternative.
8. Graduate surveys of educational Master's programmes in health and health care, when comparing different institutions, can give an impetus to curriculum reform.
9. MPH programs mostly define the competencies to be gained by their graduates, but there is a missing link between their programs, the mission of the program or their institute, and the desired impact graduates can have.
10. Learning and teaching inter-sectoral collaboration for public health at a university or institute is a challenge in the classroom, despite the inter-professional education inherent to a public health or international health program